

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
307 W. CORNELIUS HARNETT BLVD.
LILLINGTON, NC 27546
910-893-7547 PHONE
910-893-9371 FAX

Application for Repair

Pump
tank
Collapsed -
Call to meet.
+ discuss size
of new pump
tank -
Can meet tomorrow

NAME Steve & Denise Stafford EMAIL ADDRESS Staffordsd@gmail.com
Wild Forest Mobile Home Park, LLC PHONE NUMBER 919-935-4753
PHYSICAL ADDRESS 88 Wild Forest Lane -> you'll see tank

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL) 1195 Rosser Road Bear Creek, NC 27207

IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME _____

Wild Forest Mobile Home Park, LLC

SUBDIVISION NAME

LOT #/TRACT #

STATE RD/HWY

2.43 Acres
SIZE OF LOT/TRACT

Type of Dwelling: ☐ Modular

☒ Mobile Home

☐ Stick built

☐ Other _____

Number of bedrooms _____

☐ Basement

Garage: Yes ☐ No ☒

Dishwasher: Yes ☐ No ☒

Garbage Disposal: Yes ☐ No ☒

Water Supply: ☐ Private Well

☐ Community System

☒ County

Directions from Lillington to your site: Highway 87 South to Olivia Road

Turn Left on Olivia Road to Berhaven School Rd.

Turn Right (South) on Berhaven School Rd. to

Wild Forest Lane - 1st Pump Tank in front of 88 Wild Forest

In order for Environmental Health to help you with your repair, you will need to comply by completing the following: ^{tap}

1. A "surveyed and recorded map" and "deed to your property" must be attached to this application. Please inform us of any wells on the property by showing on your survey map.
2. The outlet end of the tank and the distribution box will need to be uncovered and property lines flagged. After the tank is uncovered, property lines flagged, underground utilities marked, and the orange sign has been placed, you will need to call us at 910-893-7547 to confirm that your site is ready for evaluation.

Your system must be repaired within 30 days of issuance of the Improvement Permit or the time set within receipt of a violation letter. (Whichever is applicable.)

By signing below, I certify that all of the above information is correct to the best of my knowledge. False information will result in the denial of the permit. The permit is subject to revocation if the site plan, intended use, or ownership changes.

Signature Steve & Denise Stafford

Date 1-11-16

1/11/16
S

HOMEOWNER INTERVIEW FORM

It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible, and answer all questions to the best of your ability. Thank You.

Have you received a violation letter for a failing system from our office? ☐ YES ☒ NO

Also, within the last 5 years have you completed an application for repair for this site? ☐ YES ☒ NO

Year home was built (or year of septic tank installation) _____

Installer of system _____

Septic Tank Pumper _____

Designer of System _____

1. Number of people who live in house? _____ # adults _____ # children _____ # total
2. What is your average estimated daily water usage? _____ gallons/month or day _____ county water. If HCPU please give the name the bill is listed in _____
3. If you have a garbage disposal, how often is it used? ☐ daily ☐ weekly ☐ monthly
4. When was the septic tank last pumped? _____ How often do you have it pumped? _____
5. If you have a dishwasher, how often do you use it? ☐ daily ☐ every other day ☐ weekly
6. If you have a washing machine, how often do you use it? ☐ daily ☐ every other day ☐ weekly ☐ monthly
7. Do you have a water softener or treatment system? ☐ YES ☐ NO Where does it drain? _____
8. Do you use an "in tank" toilet bowl sanitizer? ☐ YES ☐ NO
9. Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy? ☐ YES ☐ NO If yes please list _____
10. Do you put household cleaning chemicals down the drain? ☐ YES ☒ NO If so, what kind? _____
11. Have you put any chemicals (paints, thinners, etc.) down the drain? ☐ YES ☒ NO
12. Have you installed any water fixtures since your system has been installed? ☐ YES ☒ NO If yes, please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toilets _____
13. Do you have an underground lawn watering system? ☐ YES ☒ NO
14. Has any work been done to your structure since the initial move into your home such as, a roof, gutter drains, basement foundation drains, landscaping, etc? If yes, please list _____
15. Are there any underground utilities on your lot? Please check all that apply:
☐ Power ☐ Phone ☐ Cable ☐ Gas ☒ Water
16. Describe what is happening when you are having problems with your septic system, and when was this first noticed?
Pumping Tank Collapsed - Services 3 or 4 Trailers - 2 Trailers
are currently Empty - Please call to meet
17. Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, and household guests?) ☐ YES ☒ NO If Yes, please list _____

Dld

HARRIS COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

No 14222

OPERATIONS PERMIT

Name: (owner) Groves Douglas☒ New Installation ☒ Septic TankProperty Location: SR# 1203☐ Repairs☒ Nitrification LineSubdivision Wild Forest MHPLot # 6, 7, 8 and 9

TAX ID# _____

Quadrant # _____

Contractor: _____

Registration # _____

Basement with Plumbing: ☐Garage: ☐Water Supply: ☐ Well ☒ Public☐ CommunityDistance From Well: 50 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: ☐ Conventional ☒ Other _____Size of tank: Septic Tank: 4x1000 gallonsPump Tank: 3500 gallonsSubsurface Drainage Field No. of ditches 2 exact length of each ditch 340 ft. width of ditches 3 ft. depth of ditches 18 in.

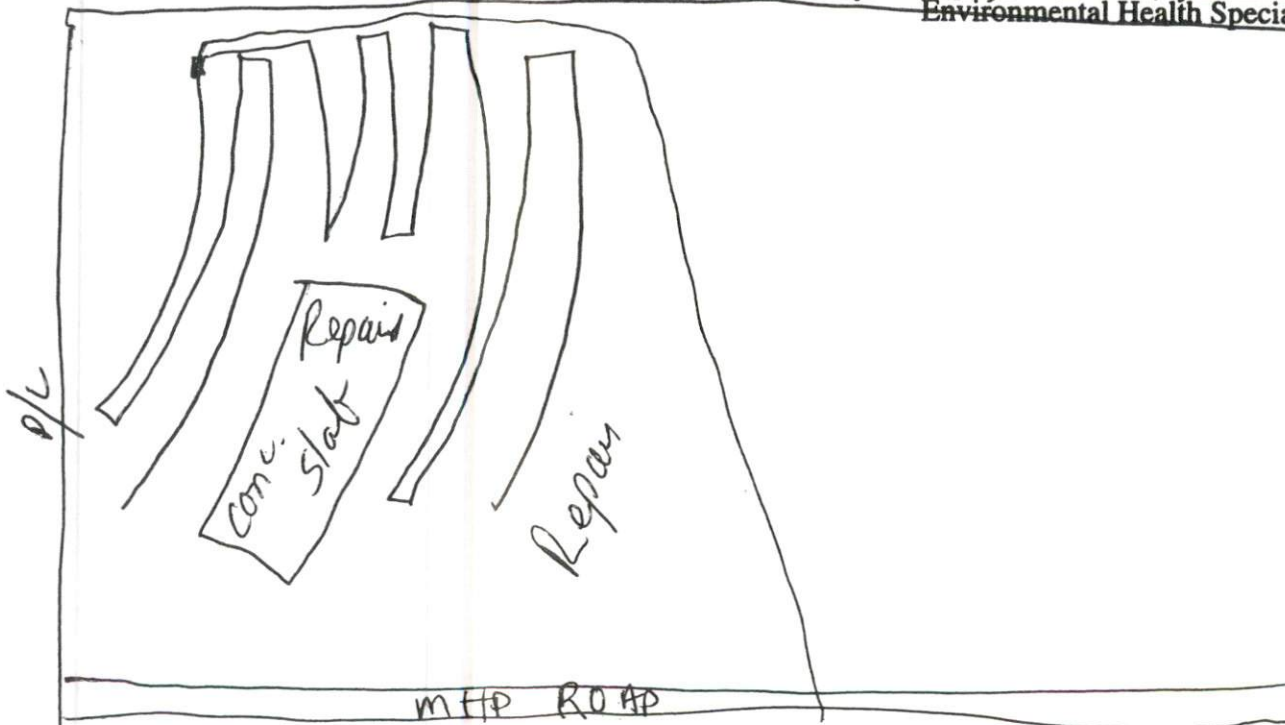
French Drain: _____ Linear feet

Date: 29 Sept 2000PERMIT NO. 17811

Fence

Inspected by: Concetta Lopez

Environmental Health Specialist



Cont #17811

HARNETT COUNTY HEALTH DEPARTMENT

no 17812

IMPROVEMENT PERMIT

Cont #17811

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Graver Douglas

☒ New Installation ☒ Septic Tank

Property Location: SR# 1203

☐ Repairs

☐ Nitrification Line

Subdivision Wild Forest MHP

Lot # 6, 7, 8, 9

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 4x2 Bedrooms

Lot Size: _____

Basement with Plumbing: ☐

Garage: ☐

Cont of permit # 17811

Water Supply: ☐ Well ☒ Public

☐ Community

Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☐ Conventional

☒ Other EEC 222 LG

Size of tank:

Septic Tank: 4x1000 gallons

Pump Tank: 3000 gallons

Subsurface

No. of

exact length

width of

depth of

Drainage Field

ditches _____

of each ditch _____

ft.

ditches _____

ft.

ditches _____

in.

French Drain Required: _____ Linear feet

This permit is subject to revocation if site plans or intended use change.

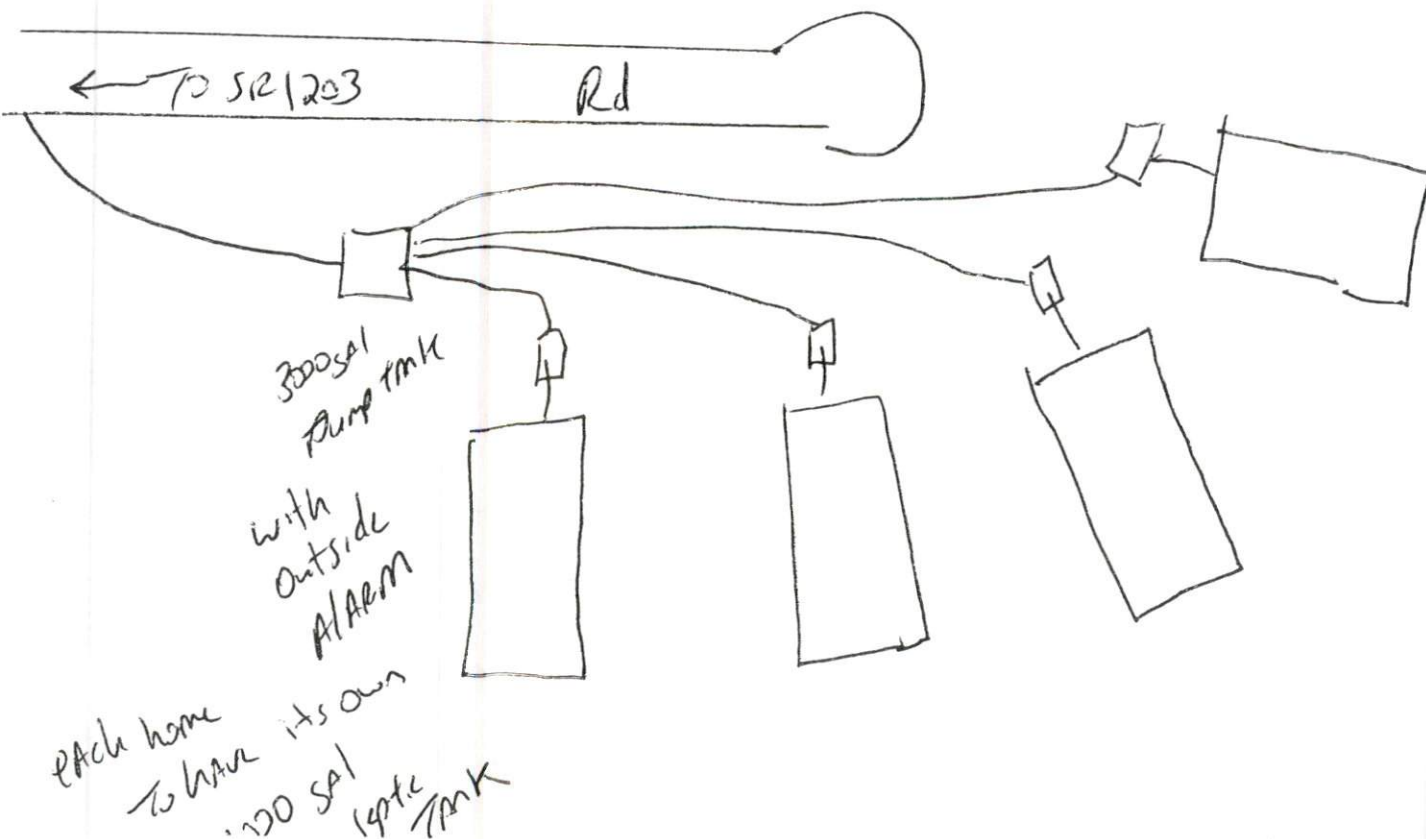
Date: _____

14 April 2000

Signed: _____

Concetta Day

Environmental Health Specialist



№ 17811

☒ Nitrification Line

where Supply Line
crosses under Rd
sleeve with Ductile
Iron pipe
is equal

HOLD

HAI T COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

old
No 12890

OPERATIONS PERMIT

Name: (owner) Grover Douglas

☒ New Installation

☒ Septic Tank

Property Location: SR# 1203

☐ Repairs

☒ Nitrification Line

Subdivision Wild Foot MHP

Lot # 1,2,3,4,5

TAX ID# _____

Quadrant # _____

Contractor: _____

Registration # _____

Basement with Plumbing: ☐

Garage: ☐

Water Supply: ☐ Well ☒ Public

☐ Community

Distance From Well: 50 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: ☐ Conventional

☐ Other _____

Size of tank: Septic Tank: 1000 gallons

Pump Tank: 3500 gallons

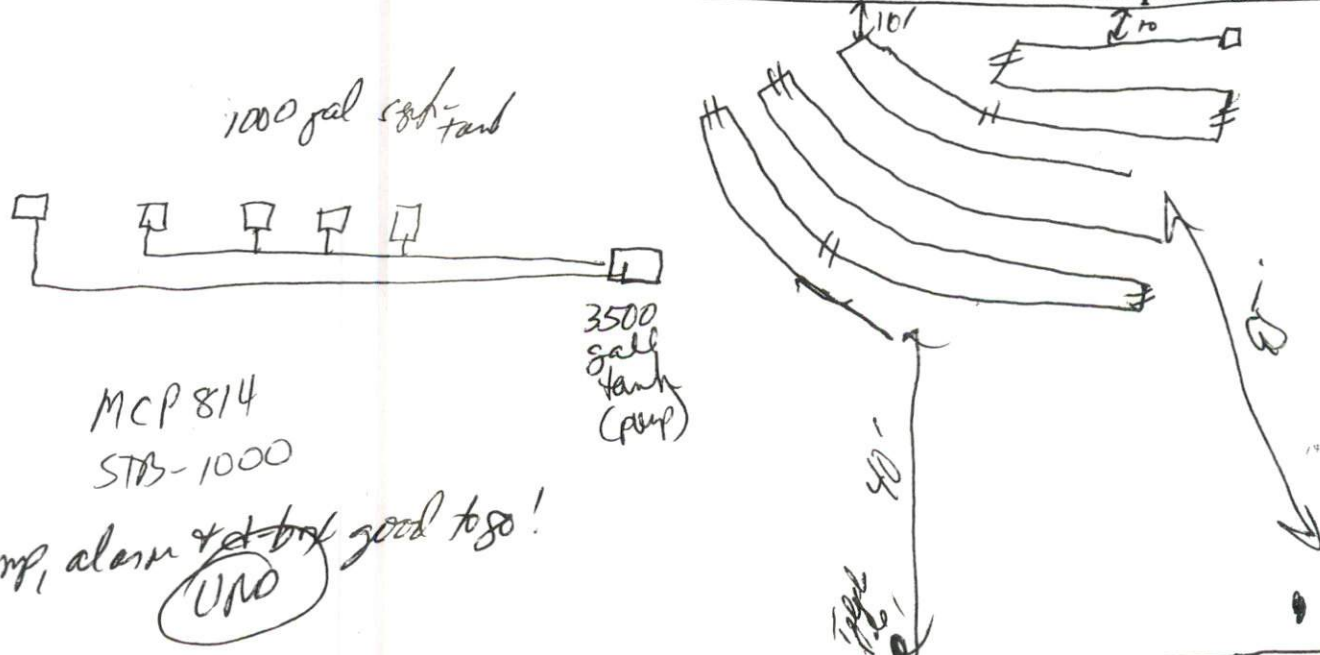
Subsurface Drainage Field No. of ditches 2 exact length 350 ft. width of 3 ft. depth of 18 in.

French Drain: _____ Linear feet

Date: 29 September 2009

PERMIT NO. 17809

Inspected by: Vince R. [Signature]
Environmental Health Specialist



MCP 814
STB-1000

* Pump, alarm & [unclear] good to go!
(UNC)

MHD - DIVE

Benham School Rd →

IMPROVEMENT PERMIT

17809
No. ~~17810~~

Cont of Permit #17809

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Grover Douglas

Property Location: SR# 1203 Benham Sch Rd

☒ New Installation ☒ Septic Tank
☐ Repairs ☒ Nitrification Line

Subdivision W.J. Forest Lane

Tax ID # _____ Lot # _____

Number of Bedrooms Proposed: _____ Quadrant # _____

Basement with Plumbing: ☐ Lot Size: _____

Water Supply: ☐ Well ☐ Public ☐ Community Garage: ☐ Cont of Permit #17809

Distance From Well: _____ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☐ Conventional ☒ Other _____

Size of tank: Septic Tank: 1200 x 5 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches _____ exact length of each ditch _____ ft. width of ditches _____ ft. depth of ditches _____ in.

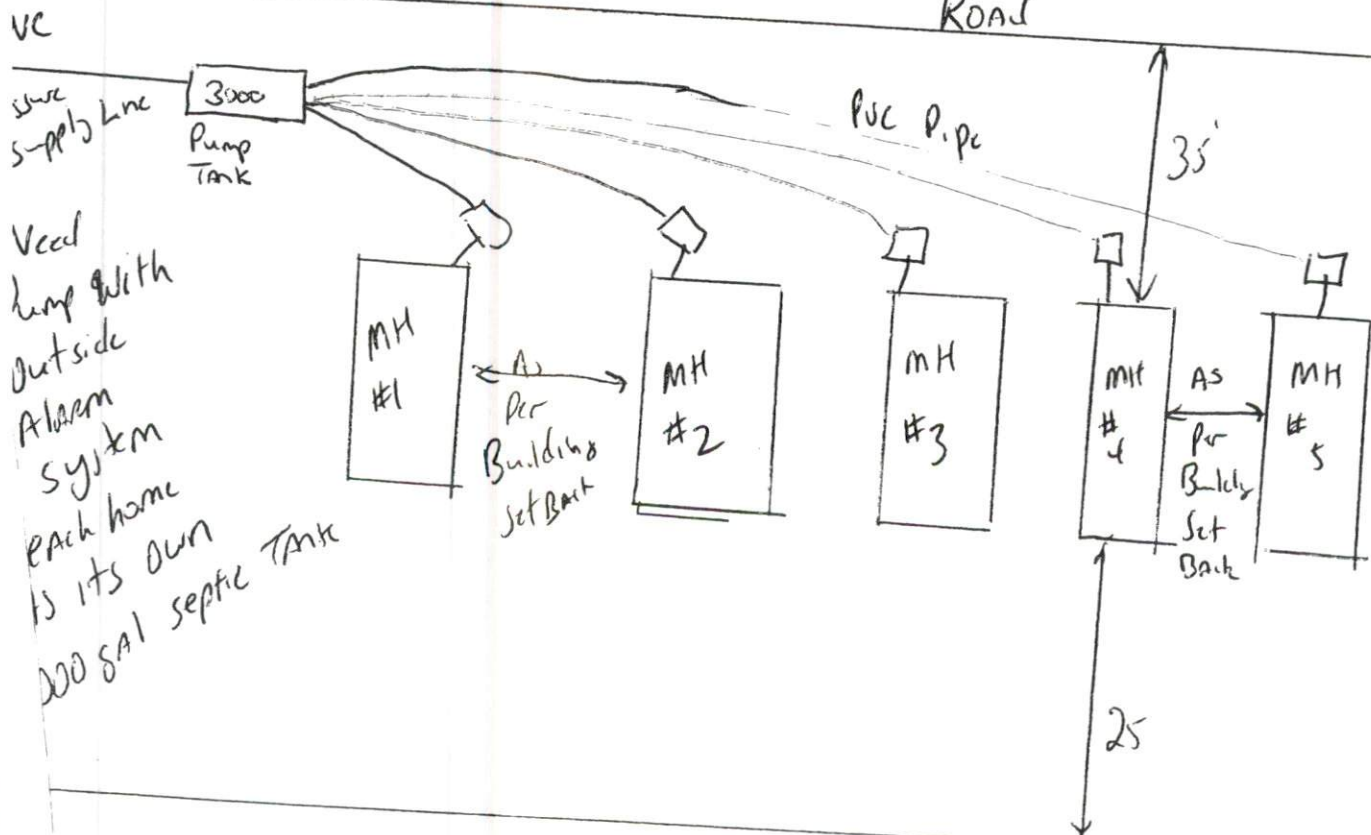
French Drain Required: _____ Linear feet

This permit is subject to revocation if site plans or intended use change.

Date: 14 April 2000
Signed: [Signature]
Environmental Health Specialist

← To SR 1203

ROAD



IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Grover Douglas

Property Location: SR# 1203

- ☐ New Installation ☐ Septic Tank
☐ Repairs ☐ Nitrification Line

Subdivision Wald Forest MHP

Tax ID # _____ Lot # 1, 2, 3, 4, 5

Number of Bedrooms Proposed: 2 Bedrooms each Lot Size: 9.47 AC

Basement with Plumbing: ☐

Water Supply: ☐ Well ☒ Public

Distance From Well: 50 ft.

Garage: ☐ Meet onsite for Final Layout
☐ Community MUST Leave ditches open so Ditch Bottom can be Inspected Before Placing EEE-222 LAY IN

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to Ditch final approval.

Type of system: ☐ Conventional ☒ Other Pump to EEE-222 LAY

Size of tank: Septic Tank: 1000(5) gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 340 ft. width of ditches 3 ft. depth of ditches 18 in.

Total amount of Line Flagged IS 1000'

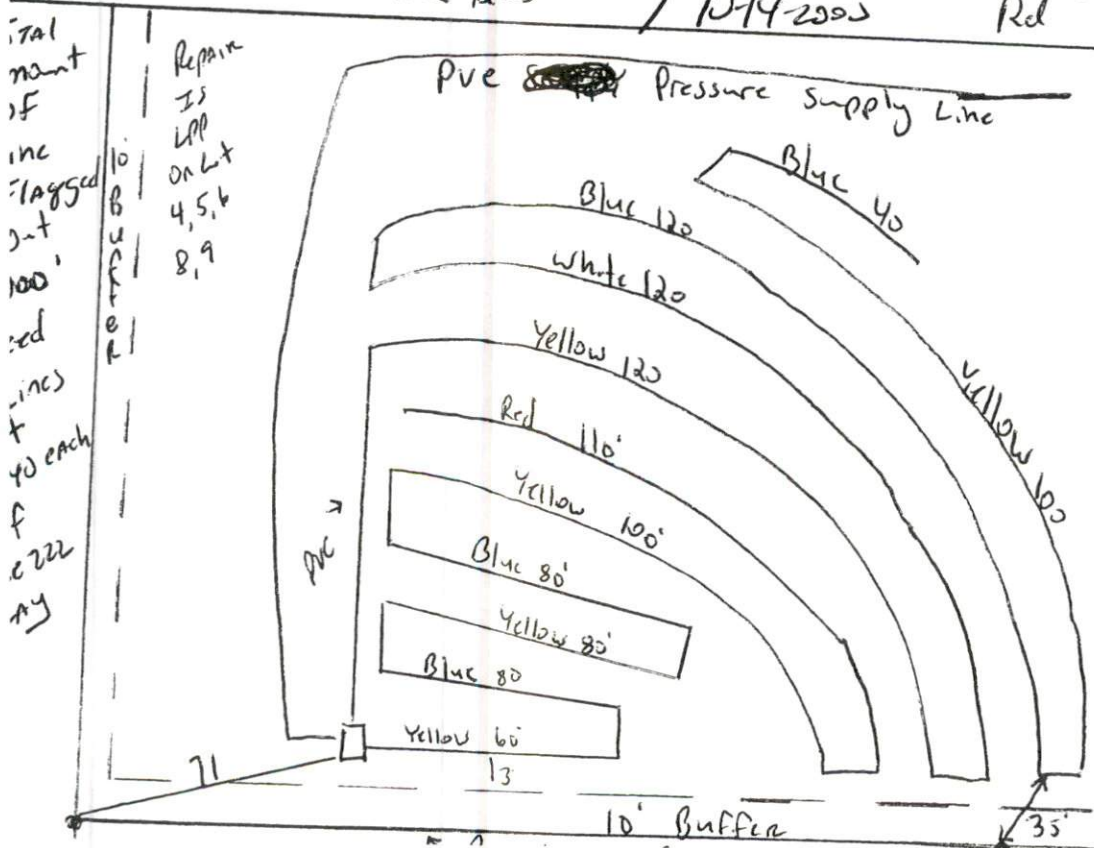
French Drain Required: _____ Linear feet

This permit is subject to revocation if site plans or intended use change.

Date: 10-14-2000

Signed: [Signature] 14 April 2000
Environmental Health Specialist

← TO SR 1203



NOTE This permit IS for 5 homes of 2 Bedrooms each

meet onsite MUST Leave Ditches open so The Ditch Bottoms can be Inspected - Then ~~then~~ install EEE-222 LAY